	PART I	B - FEE(S) TRANS	MITTAL (
Complete and send this form, togeth	P.(Ale	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885				
INSTRUCTIONS: This farm should be used for appropriate All further prespondence including indicated unless and the below or directed other maintenance fee notifications.	for transmitting the ISS of the Patent, advance of the patent, advance of the patent in Block 1, by (UE FEE and PUBLICAT prders and notification of 1 (a) specifying a new corres	ON FEE (if required). In aintenance fees will be spondence address; and/or	Blocks 1 through 5 s mailed to the current r (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP 195 MCDERMOTT ROAD			Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NORTH HAVEN, CT 06473 10/10/2007 HDESTA2 00000001 210550 10719305			Mary Jo Milacek (Depositor's name)			
01 FC:1501 1440.00 DA	Mary	nlack	(Signature)			
02 FC:1504 300.00 DA			Ortal	en) 4,200	7 (Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/719,305 11/21/2003	10/719,305 11/21/2003 Robert H. Wham 2934 2920 3007					
TITLE OF INVENTION: AUTOMATIC CONTR	ROL SYSTEM FOR AN	ELECTROSURGICAL G	ENERATOR ·			
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	\$1400	\$300	\$0	\$1700	10/12/2007	
EXAMINER ART UNIT		CLASS-SUBCLASS				
PEFFLEY, MICHAEL F	3739	606-034000	•			
1. Change of correspondence address or indication CFR 1.363).	n of "Fee Address" (37	2. For printing on the p	• •	1		
Change of correspondence address (or Cha	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA						
PLEASE NOTE: Unless an assignee is identification as set forth in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	data will appear on the p of a substitute for filing an	atent. If an assignee is ic assignment.	dentified below, the de	ocument has been filed for	
(A) NAME OF ASSIGNEE			and STATE OR COUNT			
Sherwood Services Ag	, Switzerland					
Please check the appropriate assignee category or	categories (will not be p	rinted on the patent):	Individual 🗚 Corporati	ion or other private gro	oup entity Government	
4a. The following fee(s) are submitted: **Extraction** Extraction** **Extraction** Extraction** **Publication** Fee (No small entity discount parts):	permitted)		d. Form PTO-2038 is atta	iched.	·	
Advance Order - # of Copies		overpayment, to Depo	sit Account Number 21	required fec(s), any de -0550_ (enclose a	ficiency, or credit any n extra copy of this form).	
5. Change in Entity Status (from status indicated a. Applicant claims SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMALL EN	FITY status. Sce 37 CI	FR 1.27(g)(2).	
NOTE: The Issue Fee and Publication Fee (if requinterest as shown by the records of the United Sta	uired) will not be accepted	ed from anyone other than t	he applicant; a registered	attorney or agent; or th	ne assignee or other party ir	
Authorized Signature	() It	C CITION				
Authorized Signature Date W/4/7607 Typed or printed name Stephen B. Perkins Registration No. 45,009						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.